

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533340

FILING DATE

APPLICANT(S)

2/20/07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1	1	1
3					1	1
4						
5					3	3
6					3	3
7					3	3
8					3	3
9					3	3
10						
11					1	
12					1	
13					1	
14					1	
15					1	1
16					1	1
17					1	1
18					1	1
19					1	1
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TOTAL IND.		↓	1	↓	5	↓
TOTAL DEP.		←	21	←	25	←
TOTAL CLAIMS			22		30	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						